United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Leroy Riley	COURT CASE NUMBER 05-172 Erie
DEFENDANT Charles Shane	TYPE OF PROCESS

SERVE AT: NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: Pennsylvania Dept of Correction (Central Office)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code): 2520 Lisburn Rd, Camp Hill, Pa 17001-0598

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leroy Riley FQ8672
SCI Forest, P.O. Box 945
Marienville, Pa 16239-0945

Number of process to be served with this Form 285	
Number of parties to be served in this case	5
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold Fold

2006 MAR -3 AM 9:03

Signature of Attorney other Originator requesting service on behalf of:	☐ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER	DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (*Sign only for USM 285 if more than one USM 285 is submitted*)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date

I hereby certify and return that I ☐ have personally served, ☑ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)

Date 3/31/06 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy [signature]

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
$0			$0		

REMARKS: Cert 3-23-06 9842 8020 3232

PRIOR EDITIONS MAY BE USED

PRINT 5 COPIES:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285 Rev. 12/15/80 Automated 01/00